Awareness of School Students about Family Life and Reproduction

KABP among Adolescents in Uttar Pradesh

Sponsored by:
National Council for Educational Research and Training, Delhi

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FOREWORD

THE International Conference on Population and Development (ICPD), Cairo, besides addressing issues related to reproductive health, gender sensitization and empowerment of women, has also brought into sharp focus the needs of adolescents and youth. It has emphasized the need to "promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources".

Adolescents and youth form a significant proportion of the population of India. If 15-34 years is considered as the age group of youth, then the number falling in this age group will grow from 328 million in 1995 to an estimated 436 in 2015, a mammoth increase of 108 million over 20 years. This segment of the population has an important role to play as it will take India into the 21st century. However, it will face many problems and challenges in the process. This group will require a lot of information to solve the multi-faceted problems they will face in the years to come. One major problem is health, with the spectre of STD and HIV/AIDS looming large. However, most people are hesitant to impart correct knowledge to the youth, whether parents or teachers, on STDs and sexuality to enable this group to face the future, act in a responsible manner and safeguard themselves.

The National Council for Educational Research and Training (NCERT), Delhi, in order to assess whether there is a felt need for imparting knowledge on family life to the youth, asked the Centre for Operations Research and Training (CORT), Baroda, to conduct a pilot survey among a sample of high school students in Lucknow, Uttar Pradesh. This report is out-come of the survey and it has thrown up several interesting findings.

I would like to thank NCERT for asking CORT to conduct this study. I would also like to thank the principals, teachers and students of the eight schools, where we conducted our survey for cooperating with the research team.

Irfan Khan, Wajahat U. Khan, Ranjana Sinha, Seema Lakhanpal an
Jawahar Vishwakarma comprised the research team and worked und
the supervision of Sandhya Barge for this survey.

S Rajagop
Direct

December, 1999
BARODA

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EXECUTIVE SUMMARY

THIS study, funded by the National Council for Education Research and Training (NCERT), Delhi, was undertaken by the Centre for Operations Research and Training (CORT), Baroda, to assess students' knowledge and attitude towards family life, sexuality and STD/AIDS. The study also examined their smoking, drinking and sexual behaviour.

The study covered 510 students from eight randomly selected schools in Lucknow city, Uttar Pradesh. Four private schools and four public schools were selected. Of the 510 students interviewed, 270 were boys and 240 were girls. Students of classes 10, 11 and 12 were included in this study; 83 per cent were in the age group of 15-17 years. Using class attendance registers as the sampling frame, the required number of students was systematically selected with a random start.

Salient findings

- ✓ Students have little or no knowledge about country's population size, literary rate or urbanization
- ✓ No knowledge of physiology of opposite sex
- ✓ 50 per cent or more do not know that man is responsible for sex of child
- ✓ Two third do not know at what age a girl becomes biologically capable to become pregnant
- ✓ 80 per cent know teenage pregnancy could cause major complications

An analysis of the data shows that the students of the private and public schools represent two different economic classes. Students from the former category belong to the rich and upper-middle class (average monthly family income Rs 9,915) whose parents are mostly senior salaried officials in the government or private sector. In contrast, public school students generally belong to the lower-middle class and relatively poorer families (average monthly family income Rs 3,376). The students from private schools have a much higher exposer to mass media, particularly to printed materials, than students from public schools. As the study shows, this class difference has a profound influence on their knowledge, attitudes and behaviour about family life and sexuality.

The study revealed that the students had very little knowledge of the demographic profile of the Indian population. The analysis shows that about one-third of the students were aware of the size of the population

of India, 3 per cent had correct knowledge about literacy rate and or one out of 10 had correct knowledge about urbanization in the count

Awareness about reproductive physiology was limited and confin to their own sex. Very little was known about the physiology of t opposite sex. The study revealed that only about half the students we aware that men and not women are responsible for the sex of the chi This awareness, however, was slightly higher among the girls a students of the private schools.

Contraception

- ✓ All most all know pregnancy could b prevented
- ✓ On an average they know three moder contraceptives including two non-termina methods
- ✓ Two third know about pills and condon but only one third know how to use condon
- ✓ About half are aware of the meaning o safe sex.

It was encouraging to note that most of the students believed in small family size — most suggested one son and one daughter. About 40 per cent students of the private schools indicated no sex preference and did not care whether they had a son or a daughter. The students, however, lacked knowledge about the ide interval between two successive births. A little more than half of the suggested shorter intervals which could be harmful to both the moth and infant.

Similarly, two-thirds or more of the students did not have accura knowledge about the age by which girls become *biologically* capable getting pregnant and a boy is capable of becoming a father. They gav a higher age than is biologically correct or expressed their lack awareness. It is, however, encouraging to note that about 80 per cent the students were aware of the complications of teenage pregnancy.

Probing on family planning revealed that almost all students we aware that pregnancy could be delayed or prevented by using famil planning methods. Awareness of different family planning methods wa high among all the students and, on an average, they knew three moder family planning methods. Of the non-terminal methods, two-thirds the students knew about condoms and pills and at least one-third ha seen a condom and knew how to use it. About half of the students we aware of the meaning of safe sex. Specific knowledge on how to us condom and pills was more among boy students than girls.

Questions on STD and AIDS revealed that eight out of 10 student were aware of STD and almost all had heard about AIDS. About one fifth of the students were aware of gonorrhoea and syphilis. Howeve more than half (54 per cent) were not aware that STD can be cure

through proper and timely medical care. There are considerable misconceptions among the students about the mode of transmission of HIV/AIDS. Eight out of 10 believed that a person can get infected if he/she shakes hands, sits, plays, works or shares clothes or a bathroom with an AIDS infected person. However, the majority of the students (75 per cent or more) were also aware that unprotected sex and transmission of HIV - infected blood are high risk factors for HIV/AIDS infection. The use of shared needles and unsterilized blades as high risk factors was known to only about two-thirds of the students. Knowledge on all these aspects was generally much higher among students of private schools than those studying in public schools.

The study shows that for the urban students television, the print media (newspapers and magazines), radio and school books are the main sources of information for family life, contraceptive methods and STD/AIDS. A small proportion (one-fifth to one-third) also reported school teachers, friends and parents as sources of information. The print media was more frequently mentioned by the students from private schools than those in public schools. Similarly, child-parent interaction on these subjects was reported more by girls and students in private schools.

Sexuality

- ✓ 70 per cent approved inter-caste/inter-religion marriage
- ✓ Two third boys and half girls did not support arranged marriage
- ✓ One third approved pre-marital sex. Another one third felt sexual experience before marriage as necessary
- ✓ One out of ten supported multiple partners
- ✓ 44 per cent had friends of opposite sex
- ✓ 25 per cent had some sexual relationship with their boy/girl friends and 6 per cent had experience of sexual intercourse
- ✓ Those who had better knowledge of sexuality were less prone to early initiation of sexual activities.

Interviews with students show that, they have a mixed attitude towards marriage, premarital sex and having more than one sexual partner. Majority (70 per cent) (and girls in particular) favoured inter-caste marriages and felt no need of discouraging inter-religious marriages. Many did not agree that marriages arranged by the parents was the best way to get married. Opposition to arranged marriages was stronger among students from private schools than those in public schools. About half of the girls as against one third of the boys however, still favoured arranged marriage. Eight out of 10 students supported free interaction between boys and girls, about half did not agree that premarital sex is a sin, one-third approved of premarital sex if both partners agreed to it and an equal proportion felt that sexual experience

is necessary before marriage. About one-tenth did not see any harm in having more than one sexual partner. A liberal attitude towards sexuality, particularly premarital sex or having more than one sexual partner, was expressed more frequently by students from public schools and boys than those from private schools or girls.

A similar pattern was observed in the sexual experience reported by students. About 44 per cent of the students had friends of the opposite sex, one-fourth to one-third had kissed or hugged members of the opposite sex and about 6 per cent had experienced sexual intercourse. Experience of sexual intercourse was reported mostly by the male students (10 per cent) and those studying in public schools (9 per cent). Questions on smoking and drinking revealed that about 7 per cent of the students (from private schools and boys) occasionally drank hard liquor. Similar questions on the habits of their close friends revealed that a higher proportion of them were smokers (23 per cent), drank hard liquor (17 per cent), and another 6 per cent of them were sexually active.

Specimen of Information Need

- ✓ At what age boys and girls become physically matuared to produce?
- ✓ Which are more sensitive organs of girls?
- ✓ What is normal size of sex organs?
- ✓ At what age menstruation starts?
- ✓ What is menstruation?
- ✓ Is masturbation harmful?
- ✓ Why we have wet dream? Is it harmful?
- ✓ Who are lesbians?
- ✓ If a girl has sex before marriage does her husband come to know?
- ✓ What is oral sex?
- ✓ How many times intercourse is necessary for making a girl pregnant?
- ✓ What is safe period?
- ✓ Are STDs hereditary?

Given that sensitive issues such as incidence of drinking, experience of premarital sex or a sexual relationship outside wedlock are underestimated in surveys, the results of this study are revealing. They indicate that students are becoming sexually active at a very young age. The study also clearly demonstrates that even though the students of private schools, who represent the affluent class, are more knowledgeable about reproductive physiology, contraception and STD/AIDS and have a liberal attitude towards interacting with the opposite sex, they do not engage in sexual activities to the same extent as their counterparts in public schools. *It indicates that with proper knowledge about family life and sexuality, they have learned to say 'no' to early sex*. This is a very important finding, and is contrary to the general belief that sex and family education or awareness of contraceptive methods and sexuality will promote infidelity.

Thus, the findings of the study strongly suggest that family life education should be introduced in the school curriculum on an urgent basis. Scientific knowledge of the human body, reproductive process and contraception coupled with awareness of risk behaviours and their consequences may lead to a healthy attitude towards sexuality and thus prevent school students from indulging in sexual activities at an early age or other risk behaviour. Almost all the students expressed need of family life education and majority favoured it as a compulsory course in the school. The study also suggests the need to undertake well-planned operations research that documents the experience of introducing family life education and/or counselling cells at the school/college level to meet the information needs of adolescents and youth on their sexual health and sexuality. Similar experiments are required to develop and test the impact of alternative models for out of school adolescents and youth. It is fully appreciated that introduction of such courses in schools and making services accessible to adolescents will not be easy task unless parents and other stakeholders including health providers are sensitized about the problems and make them partners in this effort. Experimentation are also required as to how to address these social environmental issues. The socio-economic and cultural diversity of the country make the job more difficult and challenging.

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CHAPTER I

INTRODUCTION

Background

HUMAN sexual behaviour, a little explored subject especially in India—has become an important issue that has to be understood and interpreted in the era of HIV/AIDS. Till recently, this subject was 'untouchable' for reasons that include ethical issues, as it invades people's privacy, fear of how the general population would react to the findings and concerns about the validity of the findings (Basu, 1994). However, now it is being increasing recognized that understanding of sexual behaviour of men and women is central to effective programmatic interventions aimed at providing comprehensive reproductive health care. This include understanding of adolescent's sexuality as well. Youth and adolescents constitute about 34 per cent of the total country population. Increasing urbanization, increase in age at marriage, exposure to mass media and increasing opportunities of socialization with opposite sex, have exposed them to the risk of early and unwanted pregnancies, STD and AIDS. Users friendly clinics and services which could meet their information and reproductive health needs are almost non-existing. ICPD Program of Action strongly recommended need of special attention to the adolescent's reproductive health needs and services. Recently a number of donors as well as national government have also expressed their commitment and concerns for this vulnerable group. Yet the constrains and odds have remained heavily against them. The social environment and significant gatekeepers at community and family level are reluctant to discuss and impart information on sexuality and reproduction with their children. Outside the home, adolescent boys and girls do not have access to proper sources that can satisfy their information needs on sexual health and sexuality. Very few educational institutions have taken on the responsibility of providing family life education to their students and preparing them for responsible parenthood. The introduction of family life and sex education in the school/college curriculum is still a debated issue and policy makers are reluctant to take any initiative in view of the possible adverse reaction from parents as well as other gatekeepers including political bosses. Providing family

life and sex education in schools and colleges has, thus, become sandwiched between the view of parents who value traditional norms and oppose the introduction of such courses and the growing demand from adolescents for authentic information related to sexual health and sexuality.

According to Mane and Maitra (1992), "relatively little is known about the sexual behaviour and attitudes towards different aspects and norms of sexual activity in India". The majority of Indian youth, who have limited knowledge about sexuality, are caught between traditional views and Westernization. Adolescents and youth have a lot of misconceptions about sexual health and reproduction and often, even at the time of marriage, have very limited knowledge of sexuality. Consequently, many experience conflict that disturb their sexual and married life (Khan *et al.,* 1996). Relevant and timely sex education for adolescents is practically unavailable from any source, whether from home, family members or school (Capoor and Mehta, 1995). Because of the lack of appropriate knowledge, adolescents are increasingly engaging in unprotected sex and misconceived sexual practices. A study conducted in Pune found that 45 per cent of those visiting a sexually transmitted disease (STD) clinic were aged between 18-19 years (Urmil *et al.,* 1989). Recent studies by the Family Planning Association of India (FPAI) in 1990 and in 1996 show that premarital sex is not regarded as a sin or something to be avoided by one-third to two-thirds of students and youths. A similar study by the Family Planning Foundation, a Delhi based organization and ORG (1992) covering 17,190 students from Delhi, Uttar Pradesh, Haryana and Rajasthan shows that 25 per cent of the adolescents believe in getting sexual pleasure "where and when I get it" and 28 per cent agreed that "it is alright for two people to have sexual intercourse before marriage if they are in love". A study conducted by Bhende (1994) in Mumbai shows that the majority of the girls (67 per cent) and less than half of the boys interviewed in the survey reported that they did not know anything about married life, especially the sexual aspects, and the majority of the girls (69 per cent) and boys (66 per cent) felt that "talking to and mixing with boys" is a characteristic feature of a "bad girl". A recent qualitative study carried out by CORT (1996) in two villages near Lucknow showed that 82 per cent of women had no knowledge about sex and sexuality at the time of their marriage. Similarly, an ongoing study by SORT (1997) on undergraduate students of colleges in Gujarat shows a major information need for family life education as expressed by the students. Yet another study carried out by

CORT (1998) in 8 schools of Baroda revealed major knowledge gap for sexuality, reproduction and contraception. Several other studies reveal that misconceptions are widely prevalent among youth (Sharma and Sharma, 1996) about sex, family formation and other related issues. Knowledge is, however, relatively higher among boys than girls, primarily because boys have more opportunities to discuss such matters with their peer groups outside home and are more exposed to the mass media than girls.

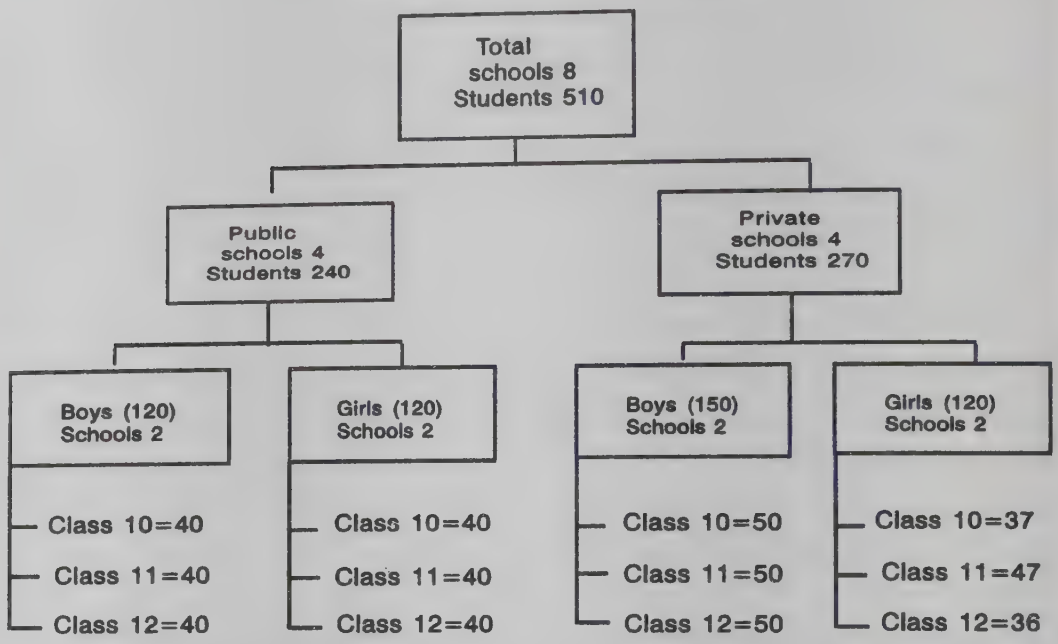
Some of the recent studies (Jejeebhoy, 1996; Chaudhary *et al.,* 1994; Goparaju, 1993) also show that adolecent children are becoming sexually active at a much younger age and they do not have access to information and services. There is growing realization that to save these children from the adverse consequences such an unwanted pregnancies, sexual transmitted disease (STD) and AIDS of their risk behaviour, it is critical that their information needs are met and required services including counselling are provided in users friendly environment.

This report is based on information collected for the study entitled "Interest and Awareness of School Students about Family Life and Reproduction" recently conducted by CORT with financial assistance from the National Council for Education Research and Training (NCERT). The specific objective of the study was to assess the awareness of school going adolescents of classes 10, 11 and 12 about reproductive physiology, family planning and AIDS/STD. The study also attempted to analyze their smoking, drinking and sexual practices.

Study Design

The study was carried out in eight schools in Lucknow city. Before selecting the schools, a list of all schools in Lucknow that offered education up to class 12 was prepared. The schools were divided into public and private schools. Four schools were randomly selected from each of the two groups. Of the eight schools selected for the study, four schools were selected from private English medium schools and four schools from public schools. Within each of the two categories of schools, two boys' schools and two girls' schools were selected. It was envisaged that within each school, 60 students—20 from each class—would be randomly selected for the survey. Attendance registers of the classes were used as the sampling frame and students were systematically selected after a random start. The selected students were taken to a separate classroom and a structured questionnaire was administered to

Figure 1: Selection of Sample



collect relevant information. In each school, data were collected in three sessions—one session for each class (Figure 1).

The students were briefly informed about the purpose of the study, explained how to answer questions in the structured questionnaire, and were encouraged to ask questions if they had any difficulty in filling in the answers or did not understand the questions. They were assured about the confidentiality of their responses. To ensure confidentiality, they were asked not to write their names, addresses or any similar information that could identify them.

The response of the students to this survey was very encouraging and many who were not selected were disappointed that they could not participate in the study. In general, the attitude of the principal and teacher towards the study, was positive. They strongly felt the need for such a study and requested the research team to share the findings of the survey with them so that they could use it to plan family life education programmes in their schools. This was especially true of the private schools. The only exception was one private school which first gave permission to conduct the survey but abruptly withdrew their consent while the survey was in progress. Later, the principal explained that she had not seen the questionnaire before giving the permission and many parents would not like their children to answer such questions. The previous year she had allowed a survey on sanitary napkins, but the school administration later received complaints from parents who objected to such surveys.

Table 1.1 : Coverage of Students by Type of School, Class and Sex

	Class 10			*Class 11*			*Class 12*			*Total*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
Public schools	40	40	80	40	40	80	40	40	80	120	120	240
Private schools	50	37	87	50	47	97	50	36	86	150	120	270
Total	90	77	167	90	87	177	90	76	166	270	240	510

In the public schools, the principals and teachers were supportive but, in general, passive. When they were told that the study was sponsored by NCERT, they gave permission for the survey without asking any question. Often they casually glanced through the questionnaire before granting permission.

The total number of students who were finally interviewed was 510—270 boys and 240 girls. The breakdown of the coverage is given in Table 1.1.

Chapter II

PROFILE OF STUDENTS AND KNOWLEDGE ABOUT COUNTRY'S POPULATION

Profile of the Students

Before discussing the issue addressed in the study, an attempt was made to analyse the socio-economic background of the students from the two types of schools—Private and Public. An understanding of these parameters helps in analysing and interpreting the findings. Table 2.1 shows that about two-thirds (67 per cent) of the students were in the age group 16 to 18 years. The remaining one-third were 15 or younger with the exception of 4 students, who were 19 year old. The age pattern did not differ much by sex of student or type of school (private or public). Most students (94 per cent) lived with their parents. However, the percentage of students staying with relatives was significantly higher (10 per cent) in the case of public schools. The parents of these students lived in villages and the students stayed in Lucknow with close relatives (often a brother or an uncle) for their schooling.

An analysis of family economic status in terms of ownership of expensive consumer durables, mean number of rooms in the residence and monthly family income did not show any significant differences between boys and girls. However, an analysis by type of school revealed major economic disparity between the students studying in public and private schools (Table 2.1). As the data shows, students studying in private schools belonged to the rich and upper middle-class, whereas those studying in public schools largely came from lower middle-class families. For instance, while the monthly family income of about 35 per cent of the students from public schools was less than Rs 2,000, none of the students in private schools belonged to this economic group. The average family income of students studying in public schools (Rs 3,376) was almost one third of those studying in private schools (Rs 9,915). This observation is supported by the data on ownership of expensive consumer durables, such as cars, scooters and refrigerators and living in a large house. On all these economic parameters, the students of private schools were much better off than those in the public schools.

Table 2.1: Demographic and Socio-economic Background of the Students

(Percentage)

Background Characteristics	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Age (years)					
<14	3.3	14.6	4.8	12.9	8.6
15	30.4	18.8	27.4	22.1	24.9
16	37.4	30.3	34.4	33.7	34.1
17	24.8	23.8	24.4	24.2	24.3
18+	4.1	12.5	9.0	7.1	8.1
Staying with					
Parents	97.8	89.6	92.2	95.8	93.9
Relatives or other arrangements	2.2	10.4	7.8	4.2	6.1
Family ownership of					
Television	98.5	92.5	94.8	96.7	95.7
Refrigerator	98.1	55.8	74.8	82.1	78.2
Scooter	87.4	45.4	66.7	68.8	67.6
Car	51.1	8.3	27.8	35.0	31.2
Mean no. of rooms at residence	5.2	3.9	4.9	4.5	4.7
Monthly family income (Rs)					
2,000 or less	–	34.6	13.0	20.0	16.3
2,001 - 5,000	9.3	35.4	23.3	19.6	21.6
5,001 - 7,500	18.5	10.8	18.5	10.8	14.9
7,501 - 10,000	32.2	2.5	18.9	17.5	18.2
10,001 - 15,000	19.6	0.8	12.6	8.8	10.8
15,001 - 20,000	8.9	1.3	5.2	5.4	5.3
20,000+	3.7	0.4	1.9	2.5	2.2
Don't know	7.8	14.2	6.7	15.4	10.8
Average monthly family income (in Rs.)	9915	3376	7130	6737	6954
Educational level of mother					
Illiterate	0.4	19.2	9.3	9.2	9.0
Up to middle level (Class 8)	1.5	18.0	11.8	6.3	9.2
Class 9 - Matriculation	0.4	18.3	9.6	7.9	8.8
Class 11-12	2.2	19.6	7.8	13.3	10.4
Up to graduation	44.8	20.8	34.2	32.9	33.5
Post-graduation	50.7	3.3	26.6	30.4	28.5
Not surviving	–	0.8	0.7	–	0.4
Total No. of Students	270	240	270	240	510

Thus, for all practical purposes, one can assume that students in private schools represent the affluent class whereas students in public schools depict the prevailing characteristics of the lower middle-class and relatively disadvantaged groups of society. This is also reflected by the fact that most of the parents of the students of private school were well educated (95 per cent of the mothers were graduate or above) whereas in case of public school almost one fifth of the mothers were illiterate.

Exposure to Mass Media

Mass media plays a major role in increasing awareness and knowledge about various aspects of life and can bring about attitudinal change, both at the individual and societal levels. Adequate and correct information about ones' self and surroundings (e.g., social and economic opportunities) also helps empower an individual to manage his or her own affairs effectively.

The results with respect to student's exposure to various mass media were interesting. Table 2.2 shows that exposure to mass media is high—91 per cent of students read newspaper, 81 per cent read at least one magazine, 98 per cent watch television and 63 per cent listen to the radio. With the exception of newspapers, which are read daily by a higher proportion of male students (74 per cent) than female students (57 per cent), there was no difference between male and female students in their exposure to mass media ($p < 0.05$). A similar comparison between students of the two types of schools revealed a different pattern. Use of the print media (newspapers and magazines) among students of private school was much more than students of public schools. The difference was statistically significant ($p < 0.01$). Further, their pattern of reading habit and subject of interest also differed. The students of private schools showed wider and diverse interest in topics such as news, general knowledge, comics/story and sports than students of public schools. In the case of radio, it was the reverse (private schools 58 per cent, public schools 69 per cent) ($p < 0.05$), while television was used equally by both groups (Figure 2.1).

Figure 2.1: Exposure to Mass Media

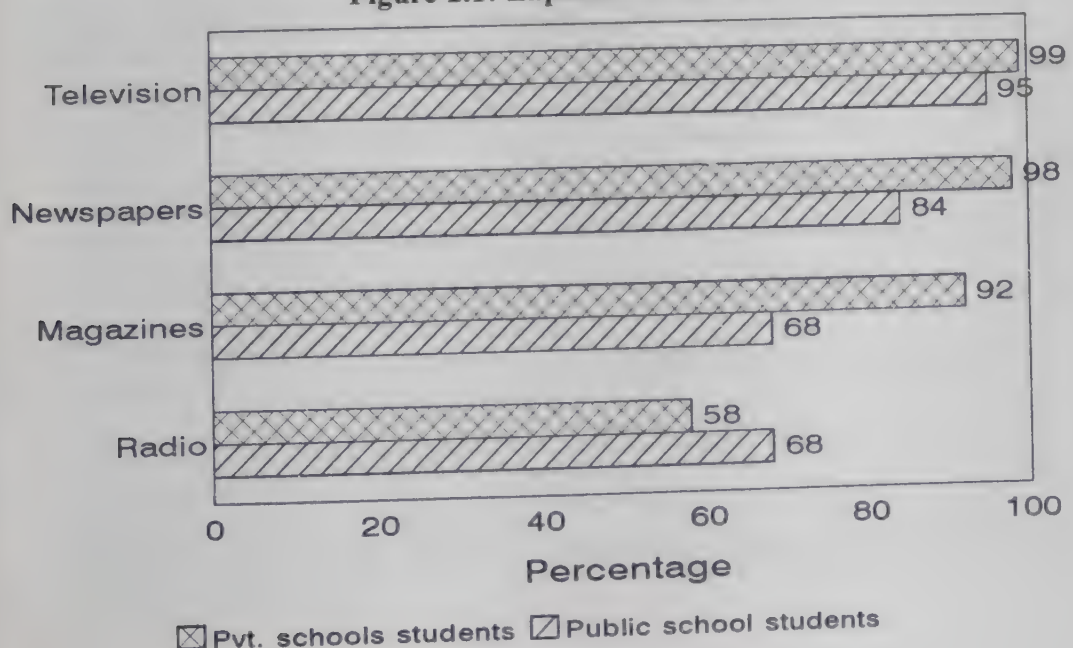


Table 2.2: Exposure to Mass Media

(*Percentage*)

Type of media	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Students who read newspapers	97.8	83.8**	94.8	87.1**	91.2
Frequency					
Daily	72.6	58.7	74.4	56.7	66.1
3-4 days a week	14.4	15.0	12.6	17.1	14.7
1-2 days a week	8.9	8.8	6.7	11.3	8.8
Once in 15 days	1.9	1.3	1.1	2.1	1.6
Never	2.2	16.2	5.2	12.9	8.8
Students who read magazines	92.2	67.9**	80.4	81.3	80.8
Type of magazine§					
News	59.3	10.0	41.9	29.5	36.1
Comics/Story/Digest/Fiction	40.7	30.9	22.6	51.3	36.2
General knowledge	38.9	21.7	33.4	27.9	30.8
Sports	14.1	3.8	11.1	7.1	9.2
Film	8.5	2.5	7.4	3.8	5.5
Others	18.8	11.7	11.1	17.1	14.9
Students who listen to the radio	57.8	68.8**	62.2	63.7	62.9
Frequency					
Daily	10.7	32.9	22.1	20.0	21.1
3-4 times a week	12.2	16.3	15.2	16.3	14.1
1-2 times a week	17.8	15.4	13.0	20.8	16.7
Once in 15 days	5.2	1.7	4.1	2.9	3.5
Occasionally	11.9	2.5	7.8	7.1	7.5
Never	42.2	32.2	37.8	36.3	37.1
Students who listened to programmes on health/hygiene/sex etc. on the FM channel	7.0	8.8	10.4	5.0	7.8
Students who watch television	99.3	95.4**	96.3	98.8*	97.5
Frequency of watching television					
Daily	78.1	76.3	77.8	76.7	77.2
3-4 days a week	12.6	10.4	10.4	12.9	11.6
1-2 days a week	6.7	7.5	6.3	7.9	7.1
Once in 15 days	–	0.8	0.4	0.4	0.4
Less	1.9	0.4	1.4	0.8	1.2
Never	0.7	4.6	3.7	1.3	2.5
Avg. no. of hours spent watching television in a day	1.7	1.9	1.8	1.8	1.8
Total No. of Students	270	240	270	240	510

§ Based on those who read magazines, Percentage exceeds 100 due to multiple responses

* $p < 0.05$ ** $p < 0.01$

The analysis thus shows that students from the private schools are better exposed to mass media and they get information on diverse topics than students from public schools. Despite of this, exposure to health messages/sex information broadcaste by FM channel was equally poor in both the groups.

Knowledge About the Country's Population

The study assessed how much students are aware of certain facts such as population size, literacy rate or urbanization of the country. The analysis revealed that less than half (45 per cent) of the male students and only about one-third (38 per cent) of the girls had correct knowledge about the size of India's population as enumerated in the 1991 census. Knowledge of literacy levels in the country and the proportion of India's population that lives in urban areas were even more disappointing as only about 3 and 10 per cent of the students, respectively, could correctly answer these questions (Table 2.3). Among the girls, such knowledge was almost negligible.

Table 2.3: Knowledge of Selected Demographic Parameters of India

(Percentage)

Population Parameters	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Students who **correctly** knew the country's population (Census, 1991)	40.4	43.8	45.2	38.3	42.0
Students who **correctly** reported literacy rate	6.3	-	5.6	0.8	3.3
Students who **correctly** reported what proportion of the Indian population lives in cities/towns	10.7	9.6	15.2	4.6	10.2
Total No. of Students	270	240	270	240	510

This perhaps shows failure of the government's mass media program as well as educational system which are unable to impart to their youth certain basic facts about country's population and problems associated with them. As citizen of the country, they are expected to act responsibly only when they have basic accurate information about their country.

Knowledge of Legal Age of Marriage for Boys and Girls

It is encouraging, however, to note that the majority of the students were aware of the legal age of marriage for boys (85 per cent) and girls (94 per cent) (Table 2.4).

Table 2.4: Knowledge about the Legal Age for Marriage

(*Percentage*)

	Private Schools	*Public Schools*	*Boys*	*Girls*	*All*
Correct knowledge about the legal age of marriage for					
Boys	88.9	80.4	88.1	81.3	84.9
Girls	95.9	92.1	94.8	93.3	94.1
Source of knowledge*					
Television	82.6	64.6	75.2	72.9	74.1
School/books/course	44.4	35.8	38.9	41.7	40.4
Newspaper/magazines	51.5	24.2	43.0	33.8	38.6
Radio	11.1	12.5	11.5	12.1	11.8
Teachers	15.2	21.3	12.6	24.2	18.0
Friends/neighbours	17.0	11.7	15.9	12.9	14.5
Parents	20.4	7.1	11.5	17.1	14.1
Brother/sister/Other relatives	4.1	4.2	4.1	4.1	4.2
Total no. of students	270	240	270	240	510

* Percentage totals more than 100 due to multiple responses

Their sources of knowledge were television (74 per cent), newspapers/ magazines (39 per cent), radio (12 per cent) and school/books (40 per cent). A close look at the table shows that more girls than boys obtained information about the legal age for marriage and other aspects of reproduction from their parents (17 per cent of the girls versus 11 per cent of the boys) and teachers (24 per cent of the girls versus 13 per cent of the boys). A similar analysis by type of school shows that even though the general pattern remains the same, some sources were more frequently mentioned by students from private schools. For instance, the print media and television as sources of information were mentioned by a higher proportion of students from private schools than public schools (Table 2.4). This shows that a higher proportion of students from private schools use multiple sources to obtain information. The data also reveals that child-parent interaction on these aspects is significantly greater in the former group (20 per cent) than the latter (7 per cent). This may be because of higher education of the parents (mother) of students in private schools.

Chapter III

KNOWLEDGE ABOUT FAMILY FORMATION, CONTRACEPTION AND STD/AIDS

In this chapter, student's awareness about various aspects of family formation—family size norm, knowledge about body physiology and contraception has been analysed.

Reproductive Goals and Decision Making

Family Size Preference and Sex Composition: The students were asked for their opinion on the ideal age of marriage for boys and girls, family size norms and related issues. The attitude of the adolescent population on these matters have an important bearing on the future fertility of the country since many of them will soon enter the reproductive process. It is encouraging to note that most of the students (97 per cent) believed that a couple should not have more than two children (Table 3.1). In fact one-fifth of the students from private schools (who represent the higher income group) recommended only one child.

The same pattern emerged in the case of the sex of the children and preference for sons. About 60 per cent of the students from private schools felt that a couple should have a son and a daughter. For the remaining 40 per cent, the sex of the child was not important. The fact that only 21 per cent of the students had preference for one child family and 41 per cent had expressed no preference for sex of the children indicates that about 20 per cent of the students despite of preferring two-child family, had no strong desire for a son. In the case of public schools, the majority (88 per cent) of the students believed that each couple should have at least one son and one daughter. These results show that, in general, the norm of the ideal family size and sex preference has declined considerably in the younger generation, particularly among the affluent class represented by students in private schools. Table 3.1 further shows that though overall, boys and girls did not differ in their desired family size, male students revealed a slightly higher preference than female students for a balanced sex composition of children, i.e., one daughter and one son.

Ideal Birth Interval: For the health of both mother and child, the ideal interval between two children should be about three years. However, the

Table 3.1: Opinions about Family Size Norms and Reproduction

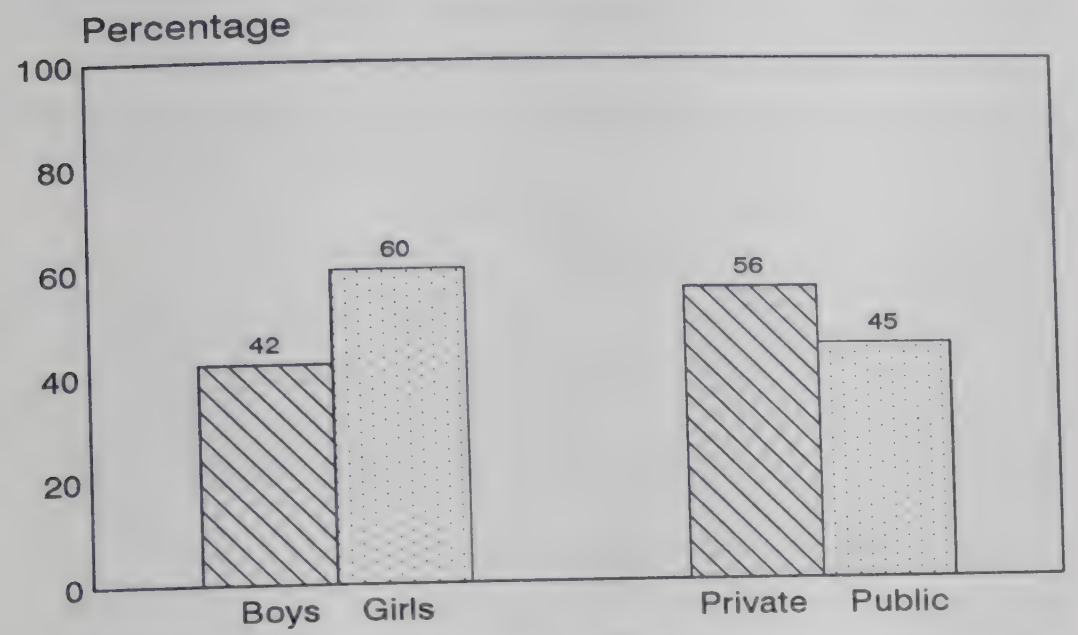
(*Percentage*)

Family size norms	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Number of children a couple should have					
1	20.7	5.0	14.8	11.7	13.3
2	78.5	88.4	81.2	85.4	83.2
3+	0.7	6.6	4.0	2.9	3.5
Average no. of children	1.8	2.0	1.9	1.9	1.9
Number of sons a couple should have					
Either (Sons/Daughter)	40.7	11.7	21.5	33.3	27.1
1	57.8	83.3	74.8	64.2	69.8
2	1.5	5.0	3.7	2.5	3.1
Number of daughters a couple should have					
Either (Daughter/Sons)	39.3	12.1	20.7	32.9	26.5
1	59.6	85.4	76.7	66.3	71.7
2	1.1	2.5	2.6	0.8	1.8
Interval between two births (months)					
12-24	20.7	17.5	20.7	17.5	19.2
25-36	36.7	40.8	40.0	37.1	38.6
37+	32.6	35.0	32.6	35.1	33.8
Don't know	10.0	6.7	6.7	10.3	8.4
Who is responsible for the sex of the baby					
Husband	55.6	45.0	42.2	60.0	50.6
Wife	–	1.7	1.5	–	0.8
Both	11.5	8.3	13.7	5.8	10.0
Depends on God	27.3	24.6	31.1	20.4	26.1
Don't know	5.6	20.4	11.5	13.8	12.5
Who should decide about the no. of children					
Husband	1.1	19.2	12.6	6.3	9.6
Wife	1.1	6.7	2.2	5.4	3.7
Both	96.4	71.2	82.2	87.1	84.5
Other members of the family	1.4	2.9	3.0	1.2	2.2
Total No. of Students	270	240	270	240	510

study shows that about 6 out of 10 students were not aware of this fact and recommended a shorter interval—12-24 months (19 per cent) and 25-36 months (39 per cent). About 8 per cent admitted that they did not know the ideal interval between births. The pattern persisted even when the data was controlled by sex and type of school (see Table 3.1).

Who is Biological Responsible for Son?: In patriarchical society like India, son preference is still strong and in general atleast one son is consider must by every couple. Strong demand for a son is embedded in

Figure 3.1: Students who Know that Father is Biologically Responsible for Sex of the Child



social and religious belief on the one hand and economic considerations on the other. It is not very uncommon that men marry for the second time if the first wife fails to give birth to a male child. Ironically, it is male who is biologically responsible for the sex of child and not woman. This information if widely disseminated could safe many women from the durgary of being deserted by their husbands who blame their wives for not giving birth to a male child. Unfortunately this information is not known even to many educated persons. The present study shows that only about half of the students were aware that biologically the male (father) is responsible for the sex of the child (Fig. 3.1). This information was relatively better known by the girls (60 per cent) than the boys (42 per cent) and private school students (56 per cent) than public school students (45 per cent).

Who should Decide Number of Children?: On probing, that who should decide the number of children a couple should have, about 85 per cent felt that it should be jointly decided by both husband and wife. However, further analysis shows that such an egalitarian attitude was expressed more by students from private schools (96 per cent) than those in public schools (71 per cent). About one-fifth (19 per cent) of the students from public schools and about 13 per cent of the male students felt that it should be exclusively of husband's decision (Table 3.1).

The analysis of reproductive goals and related attitude of the students thus reveals that while the concept of a small family size has

been well accepted by the young urban generation, they still need information on the ideal interval between births and that male alone is biologically responsible for the sex of the child. Male students, particularly those who study in public schools and represent the value system of the lower middle-class of urban Uttar Pradesh, need gender sensitization.

Knowledge of Reproductive Physiology, Menstruation and Conception

Reproductive physiology is an important aspect of sexuality and reproductive health, but parents are usually reluctant to discuss such matters with their children. At the same time they also object to any initiative taken by schools or NGOs because they fear that such information may encourage promiscuity. Thus, in a culture where talking to children about sex and related matters is still taboo, adolescent boys and girls have hardly any access to sources of reliable and authentic information on reproductive physiology and sexuality. Because of such constraints, many adolescents until they get married do not know about the sexual aspect of marriage. Lack of such information, in turn, sometimes adversely affects their marital life (Khan *et al.*, 1996). On the other hand such lack of awareness also expose them to unwanted pregnancy, STD/AIDS and other adverse consequences. In the following paragraphs, an attempt has been made to examin how far the students are aware of their reproductive physiology and contraception.

Table 3.2: Level of Knowledge about Reproductive Physiology

(*Percentage*)

	Private Schools	*Public Schools*	*Boys*	*Girls*	*All*
Reported changes that occur in girls at puberty*					
Change in the size of breasts	91.1	59.6	69.6	83.8	76.3
Hair in private parts of the body	85.9	59.6	65.2	82.9	73.5
Starts menstruation	87.4	47.9	56.7	82.5	68.3
Don't know	6.3	25.0	21.5	10.8	15.1
Reported changes that occur in boys at puberty*					
Change in voice	99.1	54.6	76.7	74.2	75.5
Hair in private parts of the body	87.8	61.7	84.8	65.0	75.5
Other changes	13.3	5.0	11.1	7.5	9.4
Don't know	5.9	30.0	9.3	26,3	17.3
Total No. of Students	270	240	270	240	510

*Percentage totals more than 100 due to multiple responses.

Physical Changes in Girls and Boys at Puberty: The study indicates that students are not fully aware of physiological changes that occur during puberty. Students were aware of the physical changes that occur at puberty in their own sex but less aware of the reproductive physiology of the opposite sex (Table 3.2). Further analysis by type of school shows that students of private schools know more about reproductive physiology than their counterparts in public schools.

Menstruation and Conception: The onset of menstruation is an important event in the life of girls because they experience tremendous emotional pressure. It also marks the biological point at which they are capable of conceiving a child. With the increasing incidence of premarital sex at an early age, both boys and girls need to be aware of these facts to avoid teenage pregnancy. Girls should observe hygienic practices during their menstrual cycle to avoid/minimize urinary tract infections (UTI). Keeping these aspects in view, each student was asked several questions related to the subject. The analysis of their answers is presented in Table 3.3.

Figure 3.2: Percentage who Know the Age at which Menstruation Starts

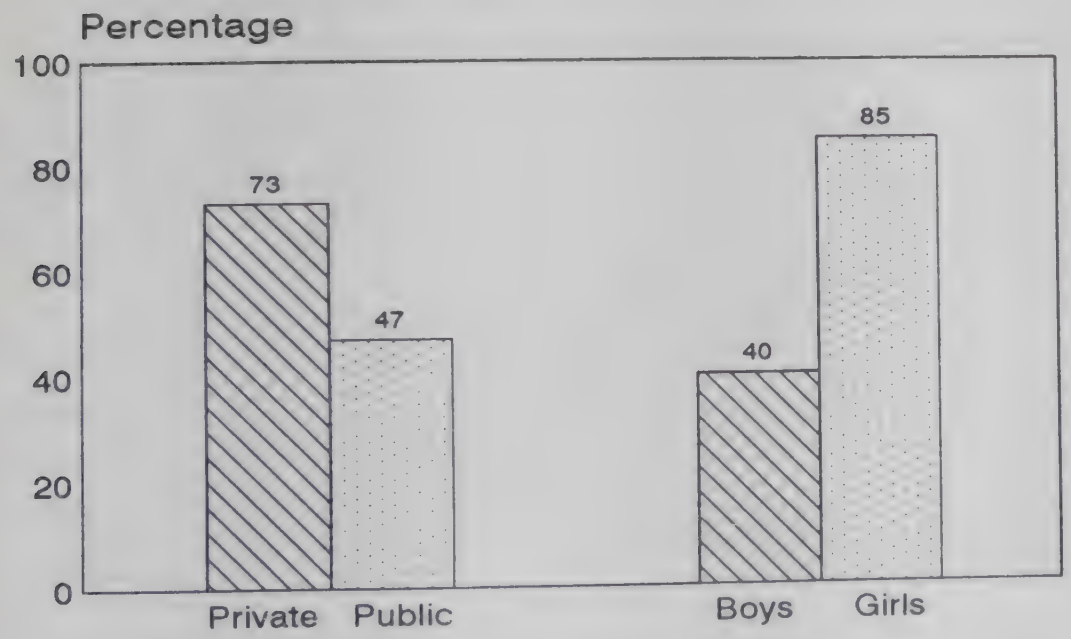


Figure 3.2 shows that correct knowledge of the age at which menstruation starts is higher among female students (85 per cent) and students of private schools (73 per cent) than males (40 per cent) and public school students (47 per cent). The same pattern was observed for knowledge of care which girls should take during menstruation. It is encouraging to note that 85 per cent of the girls were aware of the importance of using clean cloths or pads as sanitary napkins. Some other

precautions which were mentioned include, no sex (34 per cent), avoiding physical hardwork (24 per cent) and avoidance of certain types of food (13 per cent; girls 19 per cent).

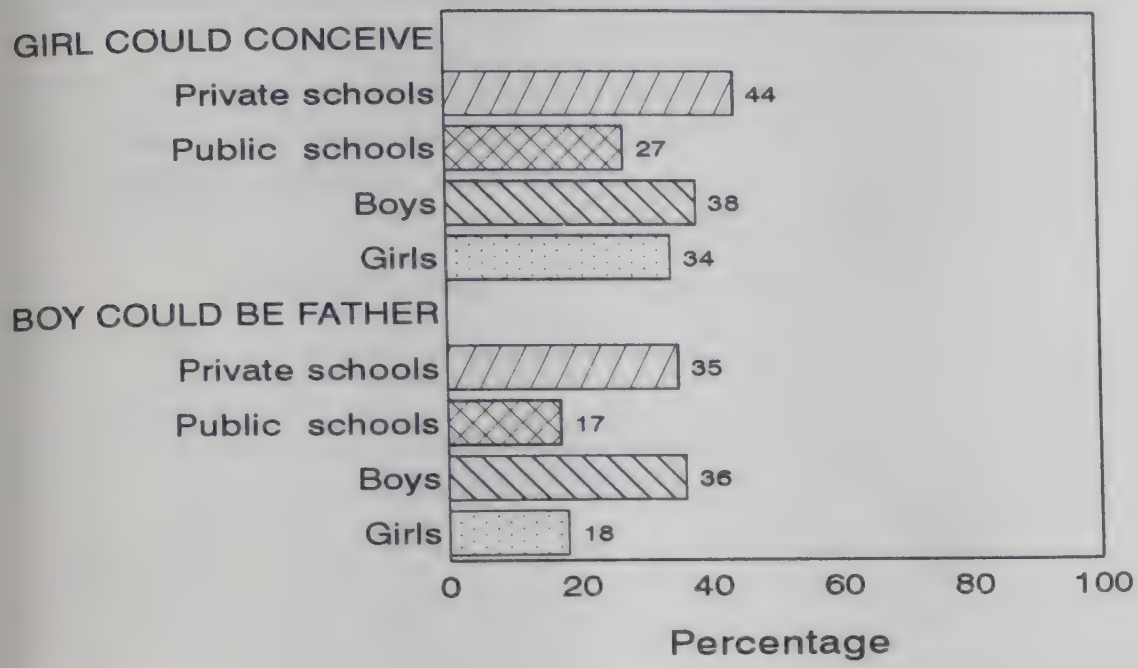
Table 3.3: Knowledge about Menstruation and Conception

(*Percentage*)

Particulars	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Age at which menstruation begin (years)					
12 or less	12.6	8.7	6.0	16.3	10.8
13	45.6	13.3	20.0	42.0	30.4
14	15.2	25.4	14.4	26.3	20.0
15	5.9	13.8	8.9	10.4	9.6
16+	5.6	18.8	20.0	2.5	11.7
Don't know	15.2	20.0	30.7	2.5	17.5
Precautions to be taken during menstruation*					
Use clean cloth or pad	77.0	55.4	50.4	85.4	66.9
No sex	28.9	39.6	35.2	32.5	33.9
Continue normal work	43.7	18.3	23.3	41.3	31.8
No physical hard work	22.2	25.4	13.3	35.4	23.7
Do not eat certain food	8.5	18.8	8.1	19.2	13.3
Others	1.1	2.5	0.4	3.3	1.8
Don't know	20.0	27.9	35.9	10.0	23.7
Age at which girls can conceive (years)					
< 15	24.4	8.3	13.7	20.4	16.9
16-18	19.6	19.2	24.4	13.8	19.4
19-21	17.4	26.7	24.4	18.8	21.8
22+	11.5	14.2	9.6	16.3	12.7
Don't know	27.0	31.7	27.9	30.7	29.3
Age at which boys becomes biologically able to reproduce (years)					
< 19	30.7	14.6	30.0	15.4	23.1
20	4.4	4.6	5.9	2.9	4.3
21	20.0	22.9	23.7	18.8	21.4
22+	12.6	36.3	17.0	31.3	23.7
Don't know	32.2	21.6	23.4	31.6	27.3
Age at which girls become physically mature to reproduce (years)					
< 17	28.1	12.1	22.2	18.8	20.6
18	24.4	23.3	30.0	17.1	23.9
19	2.2	6.7	5.6	2.9	4.3
20+	18.1	37.9	18.9	37.1	27.5
Don't know	27.0	20.0	23.3	24.2	23.7
Correctly aware of the period of pregnancy (i.e., 9 months)	98.9	83.8	91.9	91.7	91.8
Total No. of Students	270	240	270	240	510

*Percentage total more than 100 due to multiple answers

Figure 3.3: Percentage who Knew the Biological Age by which Girls could Conceive and Boys could become Fathers



Questions on conception revealed that only around one-third (36 per cent: 38 per cent boys and 34 per cent girls) of the students had knowledge of the age (14 to 18 years) by which a girl becomes biologically capable of conceiving. This knowledge was higher among private school students (44 per cent) and less among public school students (27 per cent) (Figure 3.3). About one-third gave incorrect answers (after the age of 19 or more years) or did not know (27 per cent). Similarly, around one-fourth of them were not aware of the age at which boys and girls become physically able to produce a baby. Further, around one fifth (21 per cent) had wrong notion that physically girls are matured enough to bear children even before reaching 18 years of age. It is surprising to note that around 8 per cent of the boys, 8 per cent of the girls and 16 per cent of the public school students did not know the full term of a pregnancy.

Lack of awareness of adolescent boys and girls about these important aspects of family formation is a matter of great concern. In face of increasing pre-marital sex among adolescents, such lack of awareness could lead them to unwanted pregnancies, abortion and its related adverse health consequences.

Awareness of Complications in Teenage Pregnancy: A question on complications in teenage pregnancy revealed that with the exception of

one-fifth of the students (19 per cent) who were unaware, most of the other students knew of the problems (Table 3.4). The complications that were frequently mentioned were increased risk to the life of the mother (74 per cent) and child (61 per cent) and risk of abortion (23 per cent). As seen earlier, the responses of a larger proportion of private school students were accurate, followed by the responses of girls. Students in public schools know relatively less about the problems associated with teenage pregnancies.

Table 3.4: Knowledge of Teenage Pregnancy Complications

(*Percentage*)

*Complications**	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Risk to life of mother	85.9	61.3	72.2	76.7	74.3
Risk to life of child	74.4	46.7	59.3	63.8	61.4
Risk of abortion	28.9	17.1	20.0	27.1	23.3
Prolonged labour pain	18.5	20.0	17.8	20.8	19.2
The child may be very small	5.9	8.8	7.4	7.1	7.3
Other complications	38.8	15.4	26.6	29.1	27.9
Don't know	10.0	28.3	20.7	16.3	18.6
Total No. of Students	270	240	270	240	510

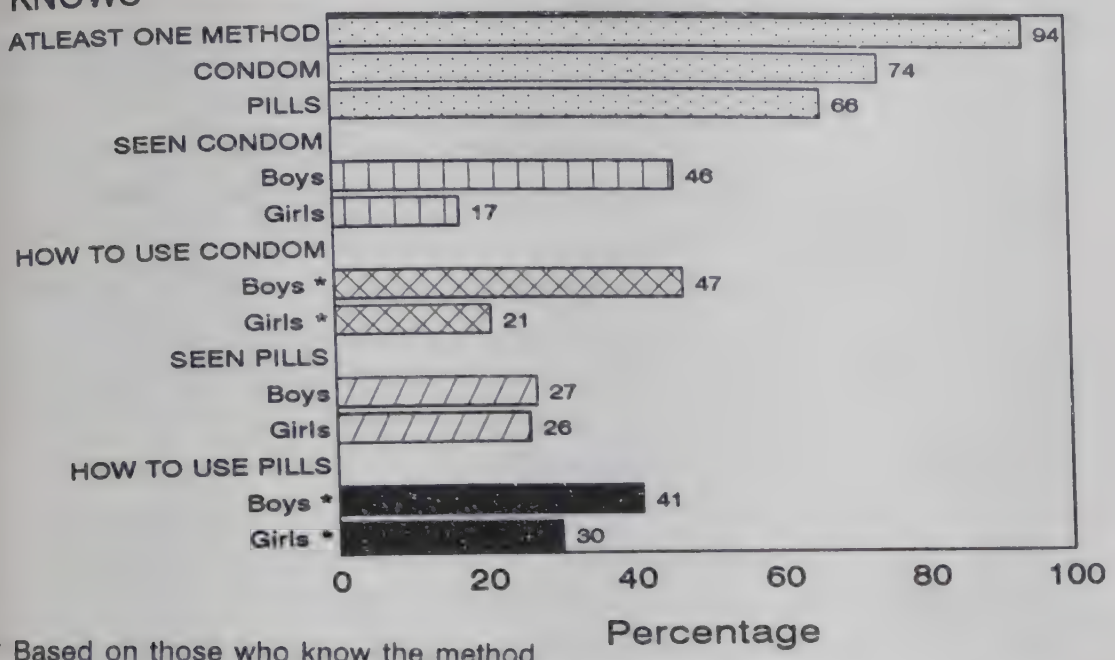
* Percentage totals more than 100 due to multiple answers.

Awareness of Family Planning Methods

Most of the students were aware that pregnancy could be prevented (94 per cent) and the majority knew about family planning methods. Except for 6 per cent of the students who were unaware of any method, the rest knew one or more contraceptive method (Figure 3.4). The average number of modern methods known were 3.5 and 3.6 for boys and girls respectively. The mean of the number of non-terminal methods known to the students was 1.8 both for boys and girls. It indicates that majority of the students knew two modern non-terminal methods (Table 3.5). The corresponding figures for the students of private and public schools were 2.0 and 1.5, respectively.

The family planning methods mentioned most frequently were condoms (74 per cent), vasectomy (68 per cent), pills (66 per cent) and tubectomy (58 per cent). Further analysis shows that a larger proportion of boys were aware of how to use condoms (47 per cent) and had actually seen the device (46 per cent) than girls (21 per cent and 17 per cent, respectively). Surprisingly, the same was true of pills also.

Figure 3.4: Knowledge of Spacing Family Planning Methods



* Based on those who know the method

Table 3.5: Awareness of Family Planning Methods

(Percentage)

F.P. Methods	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Aware that pregnancy can be prevented	95.6	91.7	93.7	93.8	93.7
Aware of Family Planning method					
Condoms	81.1	65.8	77.0	70.4	73.9
Vasectomy	76.3	59.6	66.3	70.8	68.4
Pills	74.1	57.1	62.2	70.4	66.1
Tubectomy/laparoscopy	69.3	44.2	55.6	59.6	57.5
IUD	43.0	23.8	30.7	37.5	33.9
Injectable	4.1	5.0	6.7	2.1	4.5
Others	1.9	0.8	1.1	1.7	1.4
Don't know	2.6	9.2	6.3	5.0	5.7
Seen					
Condom	37.4	26.3	45.6	17.1	32.2
IUD	5.2	2.9	5.6	2.5	4.1
Pills	32.6	19.6	27.0	25.8	26.5
Aware of how to use*					
Condom	50.7	17.1	47.4	20.8	34.9
Pill	46.3	24.2	41.1	30.0	35.9
Know at least one spacing method	97.5	92.1	95.6	94.6	94.3
Mean total modern methods known	3.5	3.5	3.5	3.6	3.5
Mean total spacing methods known	2.0	1.5	1.8	1.8	1.8
Correctly know about safe sex (sex using condoms)	75.9	30.8	64.8	43.3	54.7
Total No. of Students	270	240	270	240	510

*Based on those who know the method.

As usual, the knowledge of private school students on all these aspects was higher than students of public schools.

It is encouraging to note that 65 per cent of the males students and 43 per cent of the females students were aware of "safe sex", i.e., using a condom during intercourse to prevent STD/AIDS. There is a wide gap in the knowledge of safe sex between private (76 per cent) and public (31 per cent) school students.

Knowledge about family planning methods and how to use condom and oral pills increases from class 10 to class 12. However, the difference between class 11 and class 12 was statistically not significant (Table 3.6). It is interesting to note that in 10th class girls had better knowledge of contraceptive methods than boys. The difference however, reduces in 11th class and swings in favour of boys in 12th. It could be because the girls mature earlier and pick up the information related to reproduction faster than boys. However, subsequently boys having better access to media and other sources of information become more informed than girls.

The sources of family planning information were probed. Television, followed by books and magazines, were the main sources of contraceptive information for both boys and girls (Table 3.7). Friends were also mentioned by about one-third of the students (42 per cent were boys and 21 per cent were girls) as an important source of contraceptive information.

Awareness of STD and HIV/AIDS

Knowledge of STD and AIDS: It is encouraging to note that almost all students (96 per cent) were aware of HIV/AIDS and 8 out of 10 students were aware of sexually transmitted diseases (STDs). When asked the names of STDs, 78 per cent mentioned AIDS, 21 per cent gonorrhoea, 21 per cent syphilis and about 12 per cent genital herpes (Table 3.8). This is impressive considering that many adults do not know much about STD.

While there was no major difference in awareness by sex of the students, the data clearly indicates that students from private schools were significantly more aware of STDs (91 per cent) than public school students (72 per cent). This difference is even sharper if we consider awareness of specific disease such as gonorrhoea (35 per cent private and 5 per cent public school students), syphilis (36 per cent private and 4 per cent public school students) or genital herpes (19 per cent private and 5 per cent public school students) (Table 3.8).

Table 3.6: Awareness about Family Planning Methods by Sex and Class

(*Percentage*)

Awareness	*Class 10*			*Class 11*			*Class 12*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*	*Males*	*Females*	*Total*
Aware that pregnancy can be prevented	93.3	94.8	94	92.2	95.4	93.8	95.6	90.8	93.4
Aware of family planning methods									
Vasectomy	46.7	47.0	59.3	71.1	67.8	69.5	81.1	71.1	76.5
Tubectomy	42.2	64.9	52.7	57.8	63.2	60.5	66.7	50.0	59.0
IUD	17.8	32.5	24.6	35.6	34.5	35.0	38.9	46.1	42.2
Pills	57.8	70.1	63.5	57.8	70.1	63.8	71.1	71.1	71.1
Condoms	71.1	61.0	66.5	78.9	79.3	79.1	81.1	69.7	75.9
Injectable'	5.6	–	3.0	6.7	–	3.4	7.8	6.6	7.2
Other	–	1.3	0.6	2.2	2.3	2.3	1.1	1.3	1.2
Don't know	7.8	7.8	7.8	11.1	3.4	7.3	–	3.9	1.8
Aware of how to use a condom	36.7	26.0	31.7	48.9	11.5	30.5	56.7	26.3	42.8
Aware of how to use pills	40.0	32.5	36.5	34.4	24.1	29.4	48.9	34.2	42.2
Seen									
Condom	41.1	13.0	28.1	44.4	14.9	29.9	51.1	23.7	38.6
IUD	4.4	1.3	3.0	7.8	1.1	4.5	4.4	5.3	4.8
Pills	15.6	22.1	18.6	34.4	28.7	31.6	31.1	26.3	28.9
Know about unprotected sex (sex without using condom)	58.9	41.6	50.9	67.8	47.1	57.6	67.8	40.8	55.4
Total No. of Students	90	77	167	90	87	177	90	76	166

Table 3.7: Source of Knowledge about Family Planning Methods

(*Percentage*)

*Source of Knowledge**	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Television	90.0	80.4	82.2	89.2	85.5
Books/magazines	75.9	47.9	57.8	68.3	62.7
Friends	38.5	25.0	42.2	20.8	32.2
Newspapers	28.1	21.3	26.3	23.3	24.9
Radio	10.7	22.5	14.8	17.9	16.3
Others	5.2	2.5	1.9	6.3	3.9
Don't know	2.6	9.2	6.3	5.0	5.7
Total No. of Students	270	240	270	240	510

* Percentage totals to more than 100 due to multiple responses.

Table 3.8: Student's Awareness of STDs

(*Percentage*)

Awareness of STD	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
% aware of STD	90.7	71.7	82.2	81.3	81.8
HIV/AIDS	87.4	67.9	77.0	79.6	78.2
Gonorrhoea	34.8	5.0	20.0	21.7	20.8
Syphilis	35.9	3.8	22.2	19.2	20.8
Genital herpes	19.3	4.6	12.6	12.1	12.4
Candida	3.0	5.4	6.3	1.7	4.1
Others	1.5	0.4	1.5	0.4	1.0
Do not know	4.1	5.4	5.6	3.8	4.7
Total No. of Students	270	240	270	240	510

*Percentage totals more than 100 due to multiple responses.

Table 3.9: Knowledge of HIV/AIDS

(*Percentage*)

Particulars	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
HIV can occur in					
Only males	–	2.5	1.5	0.8	1.2
Only females	0.4	6.7	2.6	4.2	3.3
Both males and females	94.8	75.8	87.8	83.8	85.9
Don't know	4.8	15.0	8.1	10.8	9.4
Who is more easily affected					
Males	13.0	17.1	17.4	12.1	14.9
Females	9.3	14.6	13.3	10.0	11.8
Both	58.1	34.6	48.9	45.0	47.1
Don't know	19.6	33.7	20.4	32.9	26.3
Aware that healthy-looking person can be infected with HIV/AIDS	88.5	66.3	78.9	77.1	78.0
AIDS is curable after treatment	4.1	25.4	13.3	15.0	14.1
STD is curable after treatment	41.5	52.1	56.3	35.4	46.5
Total No. of Students	270	240	270	240	510

Further probing on HIV/AIDS revealed that most students (86 per cent) were aware that both males and females could get infected with HIV/AIDS (Table 3.9). However, few (12 per cent) were aware that females could get infected more easily than

males. About two-thirds (78 per cent) of the total students interviewed were aware that a person who looked healthy could be infected with HIV. Level of this awareness was significantly higher among private school students (89 per cent) than those in public school students (66 per cent).

Questions on whether STD/AIDS are curable revealed that most of the students (86 per cent) know that AIDS is not curable. This awareness was again higher among private school students (96 per cent) than those in public school students (75 per cent).

The same question on STD, however, revealed that only about half the students (47 per cent) were aware that STDs are curable, if properly treated. Curiously, this knowledge was higher among public school students (52 per cent) than private school students (41 per cent). The reason is not clear. A much larger proportion of boys (56 per cent) as against girls (35 per cent) were aware of this fact.

Knowledge About Mode of Spread of HIV/AIDS: Each student was given a list of 14 possible modes of transmission of HIV/AIDS and was asked to identify whether or not a person could get infected by any o. some of these procedures. Out of the 14 transmission modes, only five were correct possibilities (marked * in the table). The analysis presented in Table 3.10 shows certain misconceptions about transmission modes of HIV/AIDS. Two-thirds or more of the students knew that people could not get infected with HIV/AIDS if they shake hands, sit together, play, work or share clothes or a bathroom with an AIDS-infected person. However, the misconceptions of the remaining students need to be addressed.

Actual modes of transmission such as unprotected sex (88 per cent), transfusion of HIV infected blood (85 per cent) and infection of the foetus by an infected mother (77 per cent) were also mentioned by the majority of the students. However, only about two-thirds (68 per cent) knew that using unsterilized needles and blades could also infects a person with HIV. Only half the students from public schools mentioned this as a potential mode of HIV transmission. With the increasing incidence of drug use and the frequent use of injections by doctors and health practitioners to treat patients, such lack of awareness could have serious consequences. Knowledge of public school students is significantly low and need special attention.

Table 3.10: Correct Awareness about Transmission of HIV

(*Percentage*)

Modes of Transmission	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Shaking hands	97.0	79.6	87.8	90.0	88.8
Unprotected sexual contacts with an HIV infected person*	96.7	77.1	86.7	88.3	87.5
Transfusion of HIV infected blood*	96.7	72.1	83.7	86.7	85.1
Sharing needles without sterilization*	88.9	66.7	73.3	84.2	78.4
Infected mother infects foetus*	88.9	55.0	74.4	80.0	77.1
Circumcision or scarification with unsterilized needles/blades*	83.7	50.4	68.1	67.9	68.0
Kissing/hugging	86.3	58.8	77.0	69.2	73.3
Sharing bathroom, toilet, towels, combs, tooth brush, etc.	81.9	62.5	73.3	72.1	72.7
Sneezing/coughing or through the air we breathe	89.3	61.3	77.4	74.6	76.1
Sitting in the same classroom or canteen	96.7	75.4	84.4	89.2	86.7
Sharing work instruments or machinery	95.6	69.6	81.5	85.4	83.3
Swimming/playing or working with an HIV/AIDS infected person	87.8	61.7	72.6	78.8	75.5
Insect bites, e.g., mosquitos, bed bugs	67.4	55.8	61.1	62.9	62.0
Visiting/being with HIV/AIDS infected person	88.5	55.0	68.9	77.1	72.7
Total No. of Students	270	240	270	240	510

* indicates possible mode of transmission of HIV.

Sources of Information: Probing on sources from where students obtained information about sexually transmitted diseases, revealed that television (65 per cent), newspapers/magazines (44 per cent) and school/books (40 per cent) were the major sources. Teachers (16 per cent) and friends/neighbours (18 per cent) were also mentioned by the students (Table 3.11). While this pattern was followed in all the groups—boys/girls and private/public school students, the print media, such as newspapers and magazines was used less by public school students (30 per cent) than private school students (56 per cent).

Table 3.11: Sources of Information on STD/AIDS

(*Percentage*)

*Source of Information**	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Television	68.9	59.6	64.8	64.2	64.5
Newspapers/magazines	56.3	30.4	47.0	40.8	44.1
School/books	59.3	19.2	38.5	42.5	40.4
Friends/neighbours	19.3	15.8	23.3	11.3	17.6
Teacher	25.2	6.3	10.4	22.9	16.3
Radio	5.6	17.9	12.2	10.4	11.4
Brother/sister/other relatives	3.3	4.2	3.7	3.7	3.8
Parents	3.7	2.9	1.5	5.4	3.3
Others	0.4	0.8	0.7	0.4	0.6
Total No. of Students	270	240	270	240	510

* Percentage totals more than 100 due to multiple responses.

A similar pattern of responses with a slightly higher percentage for television (81 per cent) was obtained when students were asked for their sources of information about HIV/AIDS.

Chapter IV

SEXUALITY AND SEXUAL BEHAVIOUR OF THE STUDENTS

Present chapter briefly discuss attitude of the students toward marriage and sex. Some information on their sexual and other risk behaviour is also presented.

Attitude towards Marriage and Sexuality

Marriage: To assess the attitude of the students towards marriage and sexual life, they were given a series of statements and asked to indicate whether they agreed or disagreed with the statements. Their answers to questions on marriage were analyzed and are presented in Table 4.1.

Table 4.1: Attitude Towards Marriage

(*Percentage*)

Statements to which students answered Yes	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Arranged marriage by parents/relatives is the best way to get married	28.1	61.6**	35.2	53.7**	43.9
Inter-caste marriages should be encouraged	73.0	65.9	65.5	74.2	69.6
Inter-religious marriages should be discouraged	17.4	38.3**	26.6	27.9	27.3
Total	270	240	270	240	510

* $p < 0.05$. ** $p < 0.01$.

An analysis of the answers related to marriage reveals an interesting pattern. A fairly large proportion of girls (54 per cent) and students from public schools (62 per cent) favoured arranged marriages, which indicates a continued faith in traditional values where marriage is a union of two families rather than two adult individuals. In contrast, only a small proportion of students from private schools (28 per cent), who represent the educated affluent urban class, favoured arranged marriages. Similarly, about three-fourths of the students in private schools compared to two-thirds of the students in public schools felt that inter-caste marriage should be encouraged. Interestingly, more girl students (74 per

cent) than boys (65 per cent) favoured intercaste marriage. More favourable attitude of girls towards intercaste marriage might have stemed from increasing dowry demands and difficulties in getting suitable match within their own caste group. Significantly, even inter-religious marriage was generally approved by the students. As the Table 4.1 shows only about one-fourth (27 per cent) students felt that inter-religious marriage should be discouraged.

Table 4.2: Attitude of School Students Towards Marriage

(*Percentage*)

Statements to which students answered Yes	*Males*		*Females*		*All*	
	Private Schools	*Public Schools*	*Private Schools*	*Public Schools*	*Private Schools*	*Public Schools*
Arranged marriage by parents/relatives is the best way to get married	14.7	48.3**	32.5	75.0**	28.1	61.6**
Inter-caste marriage should be encouraged	72.0	57.5*	74.2	74.2	73.0	65.9
Inter-religion marriage should be discouraged	20.6	34.2*	13.4	42.5**	17.4	38.3**
Total	150	120	120	120	170	140

* Significant at 5 per cent level of significance.
** Significant at 1 per cent level of significance.

Their answer were further analysed after controling for both type of school and sex of the students (Table 4.2). The analysis confirmed the above observations and clearly indicated that both boys and girls from private schools have more liberal view towards inter-caste and inter-religion marriage than their counterparts in public school. For instance only 13 per cent girls from private schools rejected inter-religion marriage as against 43 per cent girls from public schools (Table 4.2).

Sexuality: An analysis of responses on sexual practices shows that most students (86 per cent) see nothing wrong in free interaction between boys and girls or discussing sex with friends of the same sex (76 per cent). However, only one-third approved of discussing sex with friends of the opposite sex. On both these issues, boys than girls and students from private schools than from public schools expressed a more liberal attitude (Table 4.3).

Further questioning on sexuality reveals that about one-third of the students were not averse to premarital sex, particularly if both partners agree. Again boys, revealed a more liberal attitude towards sex and this is reflected in the fact that only 46 per cent boys against 63 per cent girls

Table 4.3: Attitude Towards Sexuality

(*Percentage*)

Statements to which students answered Yes	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
There is nothing wrong in free interaction between boys and girls	92.6	78.8**	90.4	81.2**	86.1
There is nothing wrong in discussing sex with friends of the same sex	85.9	63.8**	80.4	70.0**	75.5
Discussing sex with classmates of the opposite sex is bad	30.4	38.8*	34.8	33.8	34.3
It is a sin to have premarital sex	50.4	57.1	45.6	62.5**	53.6
Premarital sex is all right if both partners agree	33.4	29.6	46.0	15.5**	31.5
Sexual experience is necessary before marriage	17.0	45.9**	40.4	19.6**	30.5
A male may have premarital sex but a women should not	6.3	26.6**	17.4	14.2	15.8
There is no harm in having more than one sexual partner	6.3	14.2**	14.0	5.4**	10.0
Total No. of Students	270	240	270	240	510

* $p < 0.05$. ** $p < 0.01$.

considered premarital sex a sin. Similarly 40 per cent of the male students as against only 20 per cent female students believed that sexual experience is necessary before marriage. From Table 4.3 it is also significant to note that despite greater exposure to the media, better awareness of reproductive physiology and contraception, and a more liberal attitude to free interaction between boys and girls, the students of private schools were less liberal about premarital or extra-marital sex and having multiple partners than students of public schools. The difference were statistically significant. This observation was reconfirmed by controlling sex of the students. As Table 4.4 shows, both boy and girl students of public schools showed a much liberal attitude towards premarital sex and having multiple partners than students of private schools. This difference was most sharp in case of perceived necessity of having sexual experience before marriage. The proportion of male students holding such view was more than double (58 per cent) in public schools than in private schools (26 per cent). The gap was still more wider in case of girl students—6 per cent in case of private schools as against 33 per cent in public schools.

Table 4.4: Attitude toward Sexuality by type of School and Sex

(*Percentage*)

Statements to which students answered Yes	*Males*		*Females*		*All*	
	Private Schools	*Public Schools*	*Private Schools*	*Public Schools*	*Private Schools*	*Public Schools*
There is nothing wrong in free interaction between boys and girls	94.0	85.9*	90.8	71.6**	92.6	78.8**
There is nothing wrong in discussing sex with friends of the same sex	86.7	72.5**	85.0	55.0**	85.9	63.8**
Discussing sex among classmates of the opposite sex is bad	28.0	43.4**	33.3	34.2	30.4	38.8*
It is a sin to have premarital sex	36.0	57.5**	68.4	56.7	50.4	57.1
Pre-marital sex is all right if both partners agree	50.0	40.8	12.5	18.3	33.4	29.6
Sexual experience is necessary before marriage	26.0	58.3**	5.9	33.3**	16.0	45.9**
A male may have premarital sex but a woman should not	7.4	30.0**	5.0	23.3**	6.3	26.6**
There is no harm in having more than one sex partner	10.6	18.4	0.8	10.0**	6.3	14.2**
Total No. of Students	150	120	120	120	170	140

* Significant at 5 per cent level of significance.
** Significant at 1 per cent level of significance.

Sexual Experience

At the end of each interview, the each student was asked about his/her personal sexual experience. Their answers are presented in Table 4.2. The study reveals that a higher percentage of boys (52 per cent) than girls (36 per cent) had friends of opposite sex (Figure 4.5). This difference was much sharper in the case of private and public school students. While 65 per cent of private school students had boy/girl

Table 4.5: Sexual Experience of Students

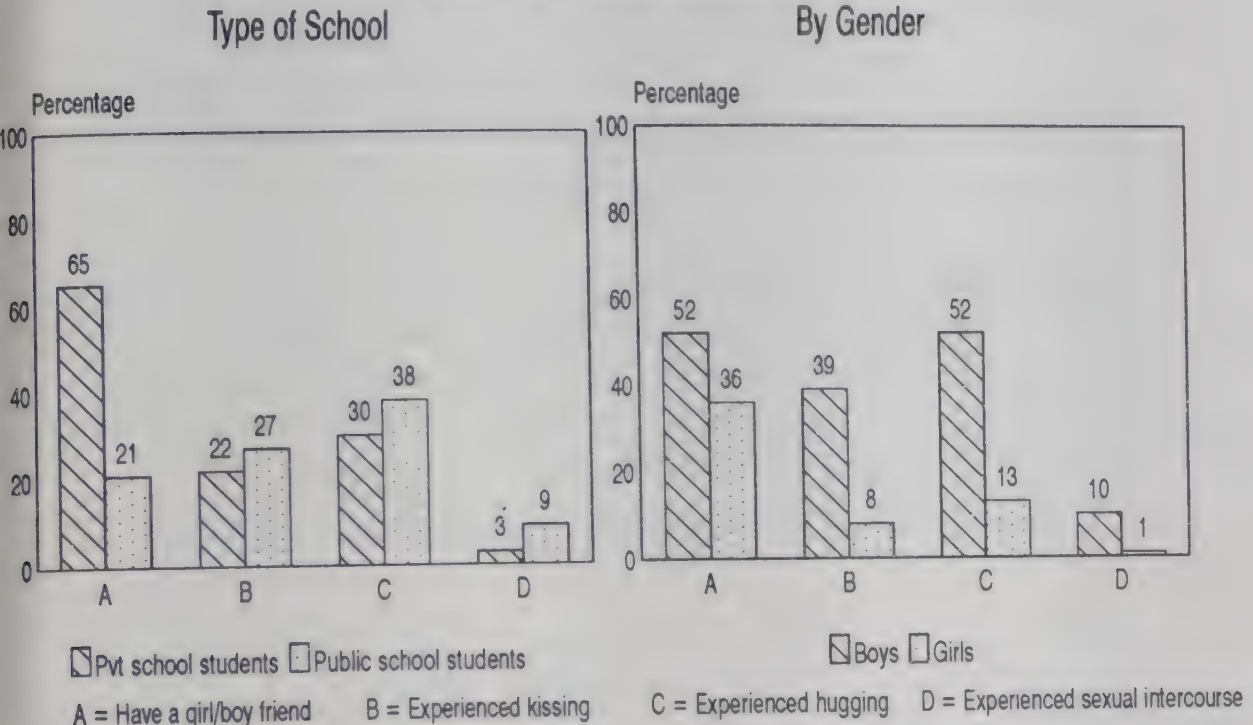
(*Percentage*)

Sexual experience	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Have a girl/boy friend	64.8**	21.3	51.9**	35.8	44.3
Experience					
Kissing	22.2	26.7	39.3**	7.5	24.3
Hugging	29.6*	37.9	51.5**	13.3	33.5
Sexual intercourse	2.6**	8.8	9.6**	0.8	5.5
Total No. of Students	270	240	270	240	510

* $p < 0.05$. ** $p < 0.01$

friends, only 21 per cent of the public school students reported such friendships. Interestingly, the reverse is true if one examine the reported sexual acts such as kissing, hugging and even sexual intercourse. For instance, against 3 per cent of private school students, 9 per cent of the students from public schools reported having experienced sexual intercourse (Table 4.5).

Figure 4.1: Sexual Behaviour



Of those students who reported having experienced sexual intercourse, 75 per cent were between 16-18 years, 93 per cent were male, 75 per cent belonged to public schools and were almost evenly distributed in classes 10, 11 and 12. Finally, half of them belonged to poor (monthly income < Rs 2,000) or lower middle-class families (monthly income between Rs 2,001-5,000) [Appendix A].

These findings are important and need further investigations. First, as the study indicates even in tradition bound state like Uttar Pradesh many students are becoming sexually active at a very young age. For instance, kissing and hugging was reported by one-fourth to one-third of the students. About 10 per cent of the boys had experienced sexual intercourse. Giving allowance to under reporting of the incidence of sexual intercourse, these figures indicate that a fair number of boys are getting exposed to sexual activities as early as 14-17 years of age. Although this study did not gather information about their sexual partners, the chances of contact with commercial sex workers are not

ruled out. This may have serious consequences as it could make adolescents easy victims of STD and AIDS.

The second important point that emerges from this study is that, contrary to the general belief that sex and family education or awareness about family planning methods and sexuality will promote infidelity, the findings show the reverse. Although students of private schools demonstrated higher awareness of reproductive physiology and contraception and a progressive attitude towards socialization with the opposite sex, they did not engage in sexual activities unlike their counterparts in public schools. This may indicate that with detailed information about sex and a positive orientation towards sexuality, they have learned to say 'NO' to premarital sex.

Smoking and Drinking Habits

Table 4.6 presents the smoking and drinking habits reported by school students. Only about 4 per cent of the students reported a smoking habit and 5 per cent a drinking habit (mostly beer or wine). Further probing revealed that about 8 per cent had taken a hand drink at least once.

Table 4.6: Smoking and Drinking Habits of the Students and their Friends

(*Percentage*)

Habits	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Self					
% smoking	**4.5**	**3.0**	**6.7**	**0.4**	**3.8**
Occasionally	3.0	1.3	3.7	–	2.2
Regularly	1.5	1.7	3.0	0.4	1.6
% ever taken hard drink	10.0	5.8	12.2	3.3	8.0
% reported taking a drink	7.0	6.7	6.7	2.1	4.5
Close Friends					
Smoke	29.6	15.4	37.8	6.3	22.9
Drink	23.7	9.2	28.1	4.2	16.9
Take drugs	3.0	7.5	9.3	0.4	5.1
Are sexually active	7.0	5.0	10.4	1.3	6.1
Total No. of Students	270	240	270	240	510

Though these percentages are low, considering their age, even occasional drinking by about one-tenth of the students is a matter of concern. The situation appears more serious if one looks at the figures reported about their close friends. As Table 4.6 reveals, a much larger proportion of students reported that their close friends smoked (23 per

cent), drank liquor (17 per cent), took drug (5 per cent) and had experienced sexual intercourse (6 per cent). These reported figures were particularly high among boys and students of private schools (Table 4.3). Given that peer groups have a strong influence on individuals and that reporting habits such as drinking and being sexually active is difficult in surveys, the incidence of such behaviour may be higher than the stated figures.

The analysis thus clearly indicates that a significant number of students, particularly boys are becoming sexually active at an early age. The analysis also demonstrates that correct knowledge about reproductive physiology, sex and contraception helps in developing a positive attitude towards sexuality and does not promote, as believed by many, promiscuous behaviour. This is a significant findings and program managers, school authorities and parents should need to know about it.

Chapter V

STUDENTS INFORMATION NEED AND INTEREST IN INTRODUCING FAMILY LIFE EDUCATION IN SCHOOL

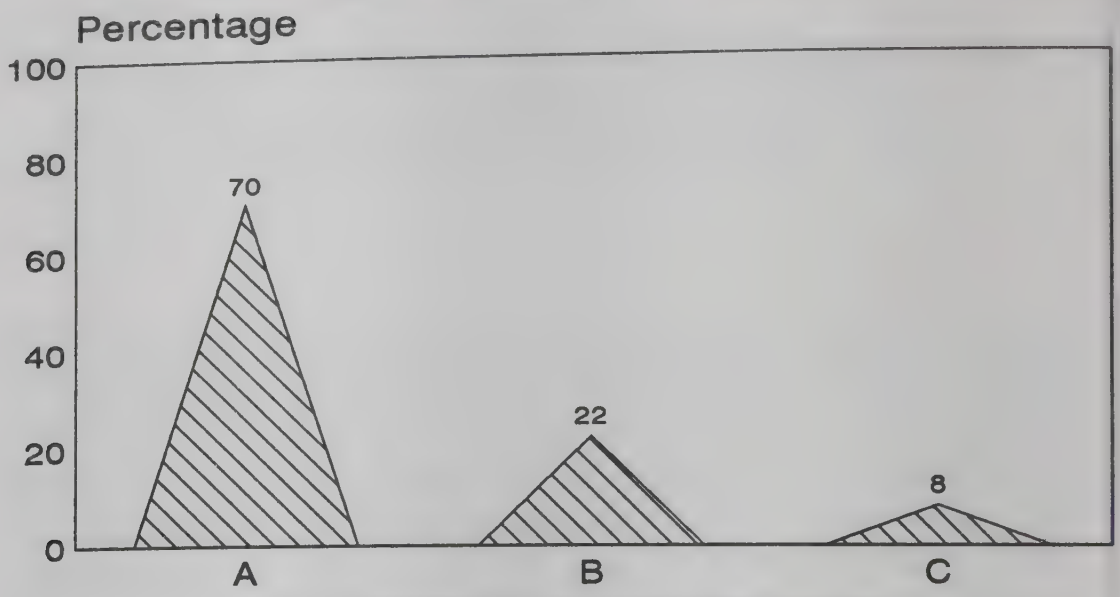
The findings presented in the previous chapter clearly indicated that the students need information on family formation and sexuality. More so in case of students who are in public schools and have less access to different mass media particularly to printed matters. One way to meet their information need is to introduce family life education (FLE) in their regular school curriculam. Will the students, if such course is introduced in school, attend it? To answer this question at the end of the interview, each student was asked whether they would like a course on family life education (FLE) introduced into their curriculum and, if so, whether it should be compulsory or optional. Nine out of 10 students supported the introduction of FLE in the school curriculum (Table 5.1). About 70 per cent favoured it as a compulsory course, while 22 per cent voted for making it optional (Figure 5.1). About 8 per cent of the students could not decide whether such a course is required.

Table 5.1: Opinion on the Introduction of the FLE Courses and Suggested Topics

(Percentage)

Suugested content for FLE courses	*Private Schools*	*Public Schools*	*Boys*	*Girls*	*All*
Support introduction of FLE at the school level	93.3	86.7	92.9	87.1	90.2
Should FLE be compulsory/optional?					
Compulsory	75.9	62.5	73.0	65.8	69.6
Optional	18.9	25.8	19.3	25.4	22.2
Uncertain	5.2	11.7	7.7	8.8	8.2
Topics that FLE should cover					
Body hygiene	84.4	86.3	90.4	79.6	85.3
Reproductive physiology	90.3	78.8	84.8	85.0	84.9
Family planning methods	89.6	78.0	88.9	78.8	84.1
STD/AIDS	90.7	67.7	79.3	80.4	79.8
Care during pregnancy	77.4	77.9	79.3	75.9	77.6
Sex education	84.8	63.7	78.9	70.4	74.9
Care during menstruation	79.6	67.1	70.7	77.1	73.7
Total No. of Students	270	240	270	240	510

Figure 5.1: Opinion on FLE Course



A = Favoured FLE as a compulsory course
B = Favoured FLE as an optional course
C = No opinion on introduction of FLE course

Further analysis revealed that students of private schools (76 per cent) and boys (73 per cent) were more in favour of introducing FLE as a compulsory course than students from public schools (63 per cent) or girls (66 per cent). About 8 per cent of the students were not sure whether it should be introduced as compulsory or optimal course.

To assess the information need of the students each of them were asked to list the topics which they would like to be covered in FLE course. They were also encouraged to list all those questions related with family formation, human physiology and sexuality about which they are curious to know. An analysis of their answers was revealing. Each student listed a number of topics which they would like to be covered in the course. As Table 5.1 shows, two third or more students wanted orientation on all such topics like body hygiene (85 per cent), reproductive physiology (85 per cent), family planning methods (84 per cent), sex education (75 per cent) and care during menstruation (74 per cent). The response pattern of both boys and girls was similar. It is also interesting to note that a slightly higher proportion of boys (79 per cent) than girls (76 per cent) felt that care during pregnancy should be a topic of FLE program.

Analysis of specific questions listed by them revealed a wide variation on issues that students were curious about and hoped to get authentic answers through the FLE. A few questions asked by the students are reproduced here in their own words to give an idea of their specific information needs.

Reproductive Physiology

- What are the changes that take place in boys and girls body during puberty?
- How does embryo develop?
- At what age girls and boys become physically matured to produce?
- What should be the normal size of sex organs?
- Which are the most sensitive organs of a girl?
- How twins are formed?

Menstruation

- At what age menstruation starts to a girl?
- How menstruation occurs?
- Why we do have abdominal pain during menses?
- What are the reasons for irregular period?
- What precautions are needed during menstruation?
- What is menstruation?

Masturbation

- What is masturbation?
- Is it wrong to masturbate?
- What are the harms of masturbation?
- How many times masturbation can be done in a day?
- Is masturbation necessary for teenage?
- From which age we should start masturbation?
- Why we have wet dream? Is it harmful?

Sexuality

- What is homosexuality?
- Who are the lesbians?
- Is sexual intercourse necessary before marriage.
- If a girl has sex before marriage, does her husband come to know of it after marriage.
- Is it true that girls are more sexually active?
- Upto what age a person can do sex?
- What is oral sex? Is oral sex normal?

- Is pre-marital sex alright.
- What is orgasm?
- Do girls feel same way about sex as boys?

Marriage

- Why 18 years for girls and 21 years for boys are set for legal age at marriage?
- Is there any problem with inter-caste marriage?
- What is the harm if a girl is married before 18 years?

Pregnancies

- Could a girl become pregnant if intercourse is done before 14 years?
- How many times intercourse is necessary for getting a girl pregnant?
- Is it dangerous to have sex during pregnancy?
- Why does only girl reproduce and not the boy?

Contraception

- When a couple should use family planning?
- Which are the safest method of family planning?
- What are oral pills and condoms?
- How condom is used?
- What is safe period?

AIDS/STD

- Are STDs curable?
- Are STDs transmitted by kissing?
- What are syphilis and Gonorrhoea?
- Are STDs hereditary?
- What is HIV/AIDS?
- How HIV/AIDS spread?
- How it should be prevented?
- A person suffering from AIDS can have sex?
- Is AIDS infectious disease?

The list given above clearly demonstrates the wide range of issues related with sexuality and reproduction about which the adolescent boys

and girls are keen to know. A well designed FLE will not only help in satisfying these information needs of adolescent boys and girls but will also help in developing a positive attitude towards sexuality. We hope that policy makers and program managers will take note of these findings and take action before it is too late.

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APPENDIX A

Profile of Students who Engaged in Sexual Intercourse

Profile	*Number*	*Percentage*
Age (years)		
< 14	2	7.1
15	2	7.1
16	7	25.0
17	8	28.6
18	6	21.4
19	3	10.7
Sex		
Male	26	92.9
Female	2	7.1
Type of School		
Private	7	25.0
Public	21	75.0
Class		
10	9	32.1
11	8	28.6
12	11	39.3
Monthly income of the family (Rs)		
< 2,000	6	21.4
2,001-5,000	8	28.6
5,001-7,500	5	17.9
7,501-10,000	1	3.6
10,001-15,000	3	10.7
15,000+	2	7.1
Don't know	3	10.7
Total No. of Students	28	100

ABOUT CORT

Centre for Operations Research and Training (CORT), established in 1991 is a policy oriented multidisciplinary social science research and training organization. It specializes in operations research in family planning and reproductive health. Other areas of expertise include child labour, sexual behaviour, AIDS/STD, health financing, rural and tribal development and women's issues.

CORT'S primary objective is to conduct studies that have immediate policy relevance and which contribute towards national development.

CORT collaborates both with national and international agencies in its research activities. A few selected collaborators includes Government of India (GOI), Indian Council of Medical Research (ICMR), Governments of Gujarat, Uttar Pradesh, Tamil Nadu etc., State Innovations in Family Planning Services Project Agency (SIFPSA), Family Planning Association of India (FPAI), The Ford Foundation, Population Council, International Labour Organization (ILO) Geneva, International Prog- ramme on the Elimination of Child Labour (IPEC) Delhi, World Health Organization (WHO) Geneva, United Nations Development Programme (UNDP), UNICEF, Population Action International, INTRAH, Rural Labour Association, Center for Women Studies M. S. University, etc.

CORT is actively involved in developing research capabilities of NGOs and other institutions by organizing training in operations research and qualitative research.

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